

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097623427** FILING DATE **22 NOV 00**
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2			0			
3			0			
4			1			
5				/		
6				/		
7				/		
8				/		
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20				/		
21			2			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			3			
29			2			
30		/				
31			1			
32			2			
33			0			
34			0			
35						
36			1			
37			1			
38			1			
39			1			
40			1			
41				/		
42				/		
43				1		
44				2		
45				1		
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			47			
TOTAL CLAIMS			50			

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TOTAL DEP.								
TOTAL CLAIMS								